

**TRUSTLINE TO COMMUNITY CARE LICENSING
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

ATTN: CAREGIVER BACKGROUND CHECK BUREAU(CBCB)

A COPY OF ONE OF THE FOLLOWING IDENTIFICATION CARDS MUST BE SUBMITTED WITH THIS TRANSFER REQUEST:

- **California Drivers License**
- **California I.D. Card**
- **Alien Registration Card or**
- **A numbered picture I.D. issued from a state other than California**

PLEASE TYPE OR PRINT LEGIBLY	DATE:
-------------------------------------	-------

PLEASE ASSOCIATE THE FOLLOWING TRUSTLINE REGISTRANT:

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

STREET ADDRESS:	CITY	STATE	ZIP CODE:
-----------------	------	-------	-----------

CA DRIVER'S LICENSE #:	DOB:
------------------------	------

TRUSTLINE REGISTRANT ID#:	SSN: (OPTIONAL)
---------------------------	-----------------

TO THE FOLLOWING LICENSED FACILITY:

NAME OF FACILITY:	FACILITY NUMBER:
-------------------	------------------

STREET ADDRESS:	CITY	STATE	ZIP CODE:
-----------------	------	-------	-----------

TRANSFeree ASSOCIATION TYPE

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Corporation Board Member | <input type="checkbox"/> Employee | <input type="checkbox"/> Certified Home |
| <input type="checkbox"/> Licensee/Applicant | <input type="checkbox"/> Non-client Adult Resident | <input type="checkbox"/> Partnership member | <input type="checkbox"/> Spouse of Licensee |

I declare under penalty of perjury that the information provided on this application is true and correct. I understand that any false statements may result in the denial or revocation of my license and/or TrustLine Registration.

SIGNATURE	TITLE (APPLICANT, LICENSEE, ADMINISTRATOR, DIRECTOR)
-----------	--

FOR LICENSING USE ONLY

CII Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FBI Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CACI Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--------------	--	--------------	--	---------------	--

CBCB OR COUNTY EMPLOYEE SIGNATURE	DATE
-----------------------------------	------

COUNTY LICENSING OFFICES CAN VERIFY THE STATUS OF TRUSTLINE REGISTRANTS BY CALLING**(916) 274-6285**